

# DEPARTMENT OF ENVIRONMENTAL QUALITY

## APPLICATION FOR TECHNICAL ASSISTANCE GRANT

### WATER QUALITY IMPROVEMENT ACT FUND

### FISCAL YEAR 2005

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#### **SECTION I - ORGANIZATIONAL DATA**

Name of Facility: \_\_\_\_\_

VPDES Permit Number: \_\_\_\_\_

Legal Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

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Name of Consulting Engineer: \_\_\_\_\_

Engineer Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

#### **SECTION II - PROPOSED FINANCING**

##### **PROJECT FUNDING**

##### **A) WQIA Grant Funds Requested**

1) Basis of Design Report \$ \_\_\_\_\_

2) Interim Optimization Plan \$ \_\_\_\_\_

B) Local share for 1 and 2 \$ \_\_\_\_\_

C) Total Project Cost (A + B) \$ \_\_\_\_\_

### **SECTION III - DEMONSTRATION OF ANY EXTRAORDINARY NEEDS**

*Describe any extraordinary trends and/or conditions such as reduction or loss in tax base and/or revenues, high utility cost, etc., which should be taken into consideration by reviewing agency.*

(attach additional pages if necessary)

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### **SECTION IV – FISCAL STRESS INDEX**

Composite Fiscal Index Score/Classification: \_\_\_\_\_

(This information can be obtained at the following web site - <http://www.clg.state.va.us/stress02a.xls>)

### **SECTION V – SERVICE DATA**

#### **SEWER USERS**

SERVICE AREA JURISDICTIONS	NUMBER OF EXISTING RESIDENTIAL SEWER CONNECTIONS	NUMBER OF PROJECTED RESIDENTIAL SEWER CONNECTIONS IN 2010

Existing Wastewater Treatment Flows (gpd) \_\_\_\_\_

% Domestic Flow \_\_\_\_\_

% Industrial/Commercial Flow \_\_\_\_\_

Existing Average Monthly  
Charge Per Household for      Water    \$ \_\_\_\_\_      Sewer    \$ \_\_\_\_\_

Average Residential  
Connection Fees for      Water    \$ \_\_\_\_\_      Sewer    \$ \_\_\_\_\_

When were rates last increased?      Date of Increase      \_\_\_\_\_

Details of Rate Increase \_\_\_\_\_

**SECTION VI - ASSURANCES AND CERTIFICATIONS**

The undersigned representative of the applicant certifies that the information contained herein and the attachments are true, correct and complete to the best of their knowledge and belief. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

CHIEF ADMINISTRATIVE OFFICER OF APPLICANT

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VII - REQUESTED ATTACHMENTS**

- A. Attach current rate schedule for water and sewer rates
- B. Attach listing of 10 largest users of sewer system and of water system